



# State of New Hampshire

## 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/26/2014

Business ID: 686014

William M. Gardner

Secretary of State

PITBULL REALTY GROUP INC.

20 SENTINEL COURT, APT 111  
MANCHESTER, NH 03101

### ADDRESS OF PRINCIPAL OFFICE:

20 SENTINEL COURT, APT 111  
MANCHESTER, NH 03101

### REGISTERED AGENT AND OFFICE:

SARGENT, CHARLES, JR  
20 SENTINAL COURT, APT 111  
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION

BUSINESS ID: 686014

STATE OF DOMICILE: NEW HAMPSHIRE

BUYING, SELLING AND RENTING AND MANAGING PROPERTIES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address **3 Homestead Rd, Deerfield, NH 03037**

☒ The new principal office address **3 Homestead Rd, Deerfield, NH 03037**

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Charles R Sargent Jr**

STREET **59 a Elm St**

CITY/STATE/ZIP **Goffstown NH 03045**

V-PRES. **Charles Sargent**

STREET **3 Homestead Rd**

CITY/STATE/ZIP **Deerfield NH 03037**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Charles R Sargent Jr**

STREET **59 a Elm St**

CITY/STATE/ZIP **Goffstown NH 03045**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Charles Sargent**

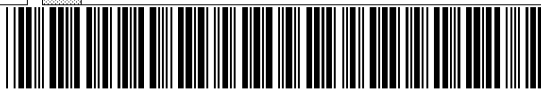
Please print name and title of signer: **Charles Sargent** / **VICE PRESIDENT**

NAME

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



068601420141003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301